

REPORTS INVENTORY						CONTROL NO.	
PREPARE IN DUPLICATE							
1. TITLE OF REPORT (if a fill-in report include Form No.) Professional EOD List (Form #800)						2. TYPE OF REPORT <input checked="" type="checkbox"/> STATISTICAL <input type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		<input checked="" type="checkbox"/> PERSONNEL <input type="checkbox"/> LOGISTICS <input type="checkbox"/> MEDICAL		<input type="checkbox"/> TRAINING <input type="checkbox"/> SECURITY <input type="checkbox"/> FINANCE		ADMIN. GENERAL OTHER (specify)	
4. NO. OF COPIES PREPARED 57		5. FREQUENCY (weekly, monthly, quarterly, etc.) weekly			6. DISTRIBUTION (No. of components not number of copies) 4		
7. FORMAT (memorandum, form computer print-out, etc) name listing		8. ADP PROCESSING <input type="checkbox"/> YES IF YES GIVE ADP PROCESSING NO. <input checked="" type="checkbox"/> NO			9. DIRECTIVE AUTHORITY REQUIRING REPORT OTR, OS, OP		
10. PREPARING COMPONENT (include lowest level contributing information to report) DDS/OP/SPD/PPB				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.) Information obtained from processing assistants.			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	<input checked="" type="checkbox"/>	HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/>	TIMES PREPARED = COST PER YEAR
GS-05 to GS-13	\$5.00		3/4		\$3.75		52 = \$195.00
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR							
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT. Necessary to ensure that all proper components are notified of EOD's to prepare for personnel processing.							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT <input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE						ESTIMATED SAVINGS MAN-HOURS DOLLARS	
16. DATE OF INVENTORY 9/21/70		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION DD/Box 5/B&P					18. EXTENSION